

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and use number of each in order of birth stated.

PLACE OF BIRTH

ARIZONA STATE BOARD OF HEALTH

1. County of Sila
District of _____
Town of Miami
or _____
City of _____

BUREAU OF VITAL STATISTICS
ORIGINAL CERTIFICATE OF BIRTH

State Index No. 112^a
County Registrar No. 138
Local Registrar No. _____

No. 534 Gibson St St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Jesúsita Hernandez { If child is not yet named, make supplemental report, as directed.

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth June 11, 1926
Month Day Year

8. FATHER
Full name Salvador P. Hernandez
9. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona

10. Color or race Mex.
11. Age at last birthday 28 (Years)

12. Birthplace (city or place) Sonora
(State or country) Mex.

13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Manuela Borquez
15. Residence Miami
(Usual place of abode)
If non-resident, give place and state. Arizona

16. Color or race Mex.
17. Age at last birthday 19 (Years)

18. Birthplace (city or place) Sonora
(State or country) Mex.

19. Occupation
Nature of Industry Housewife

20. Number of children of this mother { (a) Born alive and now living _____
(b) Born alive but now dead _____
(c) Stillborn _____
(Taken as of time of birth of child herein certified and including this child.) 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was stillborn at 7:30 p. m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Signature Byril M. Brown (Physician or midwife)
Address Miami, Ariz.

Given name added from _____
a supplemental report _____ Filed Aug 3, 1926 Local Registrar C. E. Trigg
Month, day, year

Registrar

Filed _____, 19____

County Registrar.

189-611-429